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UNITED STATES HOUSE OF REPRESENTATIVES	For Use by	Form A For Use by Members, Officers, and Employees	DELIVERED LEGISLATIVE RESOURCE CENTER LOTTE -	Page 1 of 3
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TYPE X 2021 Annual (Due: May 16, 2022)	Amendment	Termination	nination:	:
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	E QUESTIONS			
A. Did you, your spouse, or your dependent child: a. Cwn any reportable asset that was warth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 is unearned income from any reportable asset during the reporting period?	No No	F. Did you have any reportable agreement or arrangement withon outside entity during the reporting period or in the oursentesiender year up through the date of filing?	the ourrentcelender Yes No	X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable risal estate in a transaction exceeding \$1,000 duting the reporting period?	**************************************	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting peried?	d receive any Yes No	×
©. Did you or your spouse have "samed" income (e.g., sajarles, tosociaria, or pension/INA distributions) of \$200 or more during the reporting period?	₹ <u>X</u>	H. Did you, your spouse, or your dependent shild receive any reportable travel of reimbursements for havel (staling more from \$415 in value from a single source during the reporting period)	Yes No	X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	**************************************	 Did says individual or organization make a densition to charity in lieu of paying you for a spaech, appearance, or article during the reporting period? 	ration to charity in Yes	×
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	**************************************	177	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	"YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - A	JR TRUST INFO		NSWER EACH OF THESE QUESTIONS	
IPO - Did you purchase any sheres that ware allocated as a part of an initial Public Offering during the reporting period? If you contact the Committee on Ethics for further guidance.	ife Offering during the rep	xording period? If you answered "yes" to this question, please	Yes No	\\
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics sind certain other "excepted trusts" from this report details of such a trust that benefits you, your appuse, or dependent child?	on Ethics sind certain oth nt child?	er "excepted trusts" need not be disalosed. Have you excluded	Yes No	X
EXEMPTICIN — Have you excluded from this report any other assets, "unearred" income, transactions, or liabilities of a spouse all three tests for exemption? Do not answer "yes" unjests you have first consulted with the Committee on Ethics.	income, transactions, or it with the Committee on E	liabifiles of a spouse or your dependent child because they meet stilles.	Yes No	\square

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(do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the visitue for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the emount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real properly held for investment, provide a complete address or description, e.g. "rental properly," and a city and state. For an ownership interest in a privately-held business that is not publicly trained, state the name of the business, the nature of its activities, and its geographic location in Block A. Excludes: Your personal insidence, including second knows and vecation homes (unless there was rental increase the reporting period); and any financial increase in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you are or choose, you may indicate that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate final that is an Excepted investment force, you may indicate that an asset or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far let. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. Schedules are selected in the schedule A requiremental through the instruction booklet.	Assets and/or income Sources Assets and/or income Sources identity (a) each asset held for investment or production of income and with a fire market value exceeding \$1,000 at the end of the reporting period, sard (b) sary other reportable asset or source of knome that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds
e only ticker symbols). As and other retirent no provide the value to not that exceeds the reparation of that exceeds the reparation of the exceeds the reparation when interest bearing eccounts. If the hand other read property complete actives or dea and a city and state. The retirement of the edivides the nature of the edivides the nature of the edivides the nature of the edivides Block A. Your personal resident or income desired from, netuding the Thorit Savin or income desired from, or income desired from, netuding the Thorit Savin or income desired from, or income desired from, and the private of the instruction book or the far terms of the f	ets arre
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\$1,000,001-\$5,000,000	Value of Asset Value of Asset Value of Asset Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair method value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.
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5 3 2 Other Type of Income	97.67.90
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None - 59	
None	Amount of Income For assets for which you checked "Tax-Deferred" may check the "None" column. For all other asse category of income by checking the appropri by checking the appropriation of the column and capital gains, even must be dischased as income for assets he ecceunits. Check "None" if no income was earned to the column XII is for assets held by your spouse or "Column XII is for assets held by your spouse or "Column XII is for assets held by your spouse or "
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X \$5,001-\$15,000 ≤	Amount of Income Amount of Income Amount of Income which you checked "Tax-Deferred" w There' column. For all other sas- income by checking the appropria income by checking the appropria income by assets have assets he heck "None" if no income was same heck "None" if no income was same to the assets held by your spouse or o
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Spouse/DC Asset with Income over \$1,000,000"	Amount of Income For assets for which you dracked Tax-theferant in Block C, you may check the "tone" column, for all others assets include the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if referensessed beddened as income for assets held in trackle accounts. Check "Nore" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child "Column XII is for assets held by your spouse or dependent child "Column XII is for assets held by your spouse or dependent child "Column XII is for assets held by your spouse or dependent child "Column XII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held by your spouse or dependent child "Column XIII is for assets held the "Column XIII is for assets hel
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if only a portion of an asset was odd, please indicate as folicate as folicate as folicate as folicate as folicate are folicate as folicate are of transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) acceeding \$1,000 in the reporting period.
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SCHEDULE D - LIABILITIES

Name: Frederick B. Keller
Page 3 of 3

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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	_	_		Example			
		0	Miffinday Sank + Trust Co 8 17	First Bank of Wilmington, DE	Creditor		
		•	8 17	6/2Q	Date Liability Incurred MO/YR		
		-	Wanted of my of the self of	Mortgage on Rentel Property, Dover, DE	Type of Liability		
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					Over \$50,000,000	-	
					Over \$1,000,000° (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

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Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and pos	SE POR	Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee
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Positions held in any religious, social, fraternal, or political	Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an heriorary nature.
Position	Name of Organization